00534

00570

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rigdon Road Harford Co.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Coop. Town
STREET ADDRESS (If rural, give location) Forest Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Lehman (Last) Amrein

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 30th 1906

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Grader Operator

10b. KIND OF BUSINESS OR INDUSTRY: Harford Co Highway

11. BIRTHPLACE (State or foreign country): Rocks (Rd)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Amrein

14. MOTHER'S MAIDEN NAME: Mary A. Eichaltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-18-3546

17. INFORMANT & ADDRESS: Mrs Inez C Amrein Forest Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis. DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Woods M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Jan 15 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-17-55

NAME OF CEMETERY OR CREMATORY Jarrettsville

LOCATION (City, town, or county) (State) Jarrettsville Harford Md

DATE REC'D BY LOCAL REG. 1-16-55

REGISTRAR'S SIGNATURE Priscilla Foxwood

21. FUNERAL DIRECTOR Martin E Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JAN 20 1955
BUREAU V. S.

00568

00571
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 3 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: aberdeen
STREET ADDRESS (If rural, give location): 60 S. Bel Air Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	C.	Berry	January	12	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug. 22-1887	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer	Farm	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Berry	Sarah Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-18-1854	Mrs. Paul Tarbert 9 Defense Drive aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
812 X Immediate cause (a) Fracture skull	
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture R tibia, compound	—

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	US Route 40	Aberdeen	Harford	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
1/12/55 11 A M.		Auto accident, auto pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Gerald C Palmer
M. D.
~~CHIEF MEDICAL EXAMINER~~
~~DEPUTY MEDICAL EXAMINER~~
~~ASSISTANT MEDICAL EXAM.~~
DATE SIGNED: 1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	15 Jan 55	Bakers cemetery	aberdeen	md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 15-1955	H. L. Lewis M d	John G. Tarring	aberdeen md.

VS. A15A - 5 - 53

RECEIVED
JAN 17 1925
BUREAU V. S.

00569

MARYLAND STATE DEPARTMENT OF HEALTH

00572

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abbie de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural X
STREET ADDRESS (If rural, give location) So Lawrence Via Lubachers store

3. NAME OF DECEASED (Type or Print): (First) Richie (Middle) Ray (Last) Bryant

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 17-1955

9. AGE last birthday: yrs. If under 1 year: Months / Days 9 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence Bryant

14. MOTHER'S MAIDEN NAME: Temple Lou Estep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No.

17. INFORMANT AND ADDRESS: Clarence H Bryant Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.0
Immediate cause (a) Hemorrhage & Pneumonitis — Interval Between Onset and Death: 8 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Respiratory Cardiac Failure
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Findings above

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1955, to Jan 26, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles [illegible] M.D. 400 S Main Ave Aberdeen Md 1-27-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 27 1955 — NAME OF CEMETERY OR CREMATORY: Grove Presbyterian — LOCATION (City, town, or county) (State): Aberdeen Md

DATE REC'D BY LOCAL REG.: Jan 27-1955 — REGISTRAR'S SIGNATURE: A. L. Kemp M.D.

24. FUNERAL DIRECTOR ADDRESS: John T. Tarring Aberdeen Md

2015191404

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1955
BUREAU V. S.

00570 00573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OF STREET ADDRESS Harford Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Buckner

4. DATE OF DEATH (Month) January (Day) 16 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Oct. 1918
9. AGE last birthday: 36 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Textile good
11. BIRTHPLACE (State or foreign country): Mars Hill N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. E. Buckner
14. MOTHER'S MAIDEN NAME: Velda Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 243-30-9633
17. INFORMANT & ADDRESS: Grady L Buckner Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture skull
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Route 161
21c. (City or town) Darlington (County) Harford (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 16 55 10P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident, auto object type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE Gerald C Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 1/17/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF Jan. 18, 1955
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REG. Jan. 18, 1955
REGISTRAR'S SIGNATURE H. L. Lewis M D
24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington Md.

RECEIVED
JAN 20 1925
BUREAU V. S.

00535 **MARYLAND STATE DEPARTMENT OF HEALTH** 00574

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Harry	Lee	Campbell	January	9	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jany 24-1937	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None	None	Bel Air Md	US

13. FATHER'S NAME Ollie A Campbell
14. MOTHER'S MAIDEN NAME Mary D Scotten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Mary D Scotten Forest Hill Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pseudo-Hypertrophic Muscular Dystrophy	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1948, to Jan. 9, 1955, that I last saw the deceased alive on Jan. 9, 1955, and that death occurred at 2:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Barthel	M.D.	Forest Hill, Maryland	1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jany 11/5-5	Bel Air Memorial Garden	Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-10-55	Priscilla Fawood	Joseph Foster	Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00575

00571

CERTIFICATE OF DEATH

Reg. Dist. No. 185-...

Item 9 Film C176 2-4-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 140 N. John

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) M. (Last) Case

4. DATE OF DEATH: (Month) (Day) (Year) 1/27/55 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/10/1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Churchville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson B. Case

14. MOTHER'S MAIDEN NAME: Mary Tolley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs Nellie Case 140 N. John, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac Insufficiency — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Chronic Myocarditis

DUE TO

(c) Hypertension - Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/03, 1954, to Jan. 27, 1955, that I last saw the deceased alive on 1-27, 1955 and that death occurred at 11:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis MD — ADDRESS Havre de Grace Md — DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/30/55 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-29-1955 — REGISTRAR'S SIGNATURE A. Lewis MD

24. FUNERAL DIRECTOR — ADDRESS Timmons & Son Havre de Grace, Md

VS. A15

RECEIVED
1955
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00576

00586

CERTIFICATE OF DEATH

Reg. Dist. No. 18(...

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryman; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cecil	Calvert	Courtney	Jan.	19	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 17, 1883	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Home Carpenter	Md.	U.S.A.

13 FATHER'S NAME: Cornelius Scott Courtney

14. MOTHER'S MAIDEN NAME: Laura Mansell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Mrs. Carrie Adele Courtney, Perryman, Md.

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42-1

IMMEDIATE CAUSE (A) Coronary Occlusion — 16 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Arterio Sclerotic C-V Disease — 6 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Severe Allergic Dermatosis — 2 wks

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1949, to Jan, 19 55, that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE J. Ralph Horsley M. D. ADDRESS Churchville DATE SIGNED Jan 20

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 22, 1955	Spesutia Cem.	Harford Co, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 21-1955	Nellie R. Perry	R. Madison Mitchell	Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00577

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00587

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH: COUNTY Harford MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X WHITEFORD; LENGTH OF STAY (in this place) 78 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 02

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITEFORD X; STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) MARION (Middle) LUTITIA (Last) DAUGHTON

4. DATE OF DEATH: (Month) JAN. (Day) 19, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Nov. 12, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): York Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NEWTON GARVINE

14. MOTHER'S MAIDEN NAME: PRISCILLA WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: MRS. HARVEY MORRIS, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hour.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive-C-V Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... 19[illegible], to Jan 19 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 3 15 AM, from the causes and on the date stated above.

SIGNATURE Jonah A. Hunt, M.D. M.D. ADDRESS Delta, Pa. DATE SIGNED 1/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL; DATE THEREOF 1-23-55; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) (State) York Co., Pa.

DATE REC'D BY LOCAL REGISTRAR 1-21-55; REGISTRAR'S SIGNATURE Priscilla Fawcett

24. FUNERAL DIRECTOR John H. Harkins; ADDRESS Delta, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00538

00578

Reg. Dist. No. 126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D.
STREET ADDRESS (If rural give location) Emmorton

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) De Brular

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Single	May 16, 1915	39 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gen Mechanic	U.S. Govt.,	Harford Co., Maryland.	U.S.

13. FATHER'S NAME: Thomas H. De Brular

14. MOTHER'S MAIDEN NAME: Ida M. Dolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WW II	216-09-3128	Mrs. Ida M. De Brular, Edgewood R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Lymphosarcomatosis — Interval Between Onset And Death: About 1yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 19 54, to Jan 26, 19 55, that I last saw the deceased alive on Jan 26, 19 55, and that death occurred at 8 00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Marvin A. Epstein M.D.	12 Yahde St.	Edgewood, Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 29, 1955	St. Carmel	Emmorton, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 27, 1955	Norma B. Moore	Howard K. Mc Comas & Son, Abingdon, Md.

RECEIVED
1955
BUREAU V. S.

00572

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00579 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 1 X 5 ....

1. PLACE OF DEATH: 12 COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 24 Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 569 Revolution St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen 31
STREET ADDRESS (If rural, give location) 50 Monroe St. 1

3. NAME OF DECEASED: (Type or Print) (First) Angelo (Middle) (Last) Dennis
4. DATE OF DEATH (Month) January (Day) 3 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 18, 1954
9. AGE last birthday: yrs. 1
IF UNDER 1 YEAR: Months / Days 16
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Aberdeen Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Vivan Dennis
14. MOTHER'S MAIDEN NAME: Alverta Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. & Mrs. Vivan Dennis - 50 Monroe St. Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Bronchopneumonia — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-5-55
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) (State) Nr. Aberdeen, Md

DATE REC'D BY LOCAL REG. Jan - 3 - 1955
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Otis J. Bullock
ADDRESS Havre de Grace, Md

20X42 32343

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 5
U. S.

00573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00580 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 163

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 10 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [redacted] Havre de Grace
STREET ADDRESS (If rural, give location) Robin Hood Road RFD 1

3. NAME OF DECEASED: (Type or Print) (First) PARKER (Middle) Smith (Last) DISBROW
4. DATE OF DEATH (Month) January (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 13 1902
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Garage
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jay S. Disbrow
14. MOTHER'S MAIDEN NAME: Sarah Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-07-0724
17. INFORMANT & ADDRESS: Mrs Parker S Disbrow Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Gunshot wound of chest — Interval between onset and death:
DUE TO
Antecedent cause(s) Massive left hemothorax
Diseases or conditions, if any, giving rise to the above cause (b)
DUE TO
stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home
21c. (City or town) Aberdeen (County) Harford (State) Maryland
21d. TIME OF INJURY (Month) (Day) (Year) Jan. 22,1955 (Hour) 7:45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot in chest

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.
SIGNATURE: William Worrell M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: Jan. 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1/26/55
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
LOCATION (City, town, or county) Emmorton (State) Maryland
DATE REC'D BY LOCAL REG. Jan 26 55
REGISTRAR'S SIGNATURE W. L. Lewis M.D.
24. FUNERAL DIRECTOR: John T. Tarring ADDRESS Aberdeen Md.

VS. A15A - 5 - 53

CEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00574 — 00581 — Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace, Md — LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Md
STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print): (First) DONNA (Middle) A. (Last) DUFF

4. DATE OF DEATH: (Month) JANUARY (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: OCT. 21, 1954

9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Duff

14. MOTHER'S MAIDEN NAME: Shelby Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr. Wm Benjamin Duff. Aberdeen Md. R.D.#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Septicemia	5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Early Bronchopneumonia	5 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13/55, to 1/13/55, that I last saw the deceased alive on JAN. 13, 1955, and that death occurred at 10 32 A m., from the causes and on the date stated above.

SIGNATURE: W.M.L. Wachsman — (Degree or title) MD — ADDRESS: Havre de Grace Md — DATE SIGNED: 1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 15, 1955 — NAME OF CEMETERY OR CREMATORY: Specutia Church Yard. — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Jan 15-1955 — REGISTRAR'S SIGNATURE: G. E. Lewis M.D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace, Md.

200482354

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00582

00575

CERTIFICATE OF DEATH

Reg. Dist. No. 18

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) 31
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Mt Royal ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
STREET ADDRESS (If rural give location) 24 Mt Royal ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Ford

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Aug 9-1871 | 9. AGE last birthday 83 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. A Shane | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Donald A. Ford Aberdeen Rd 1 Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Jan 29, 1955, that I last saw the deceased alive on Jan 20, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE Frederick J Slater — ADDRESS M.D. 17 N. Phila. Blvd Aberdeen Md — DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 31-1955 | NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery | LOCATION (City, town, or county) (State) Perryman Md

DATE REC'D BY LOCAL REGISTRAR Jan. 30-55 | REGISTRAR'S SIGNATURE Willie R. Perry | 24. FUNERAL DIRECTOR John T. Tarring | ADDRESS Aberdeen Md.

[illegible] 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00539 **CERTIFICATE OF DEATH** Reg. Dist. No. 00583 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital Aberdeen Proving Ground

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana — COUNTY Henry
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Castle
STREET ADDRESS (If rural give location) 1418 Michigan Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R. (Last) GORMAN
4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	1 October 1932	22 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: US Air Force
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Gorman
14. MOTHER'S MAIDEN NAME: Mary M.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Current
16. SOCIAL SECURITY No: Unknown
17. INFORMANT & ADDRESS: Sgt Harrell - Personnel Section

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation - Asphyxia — Interval Between Onset And Death: 2-7 min
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Behind Bldg T-2510	Aberdeen PrGr	Harford	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☒	HOW DID INJURY OCCUR?
Jan 19-20 55 Unk m.		By hanging

22. I hereby certify that I ~~attended the deceased~~ performed the autopsy from ..... 19 ..., to ..... 19 ....., ~~that I last saw the deceased~~ ~~alive~~ on 20 Jan, 1955, and that death occurred on 19 or 20 of Jan, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ladislav Stefan	Capt MC	2nd Army Med Lab Ft. Meade Md	Jan 20 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	21 Jan, 55		New Castle, Indiana

DATE REC'D BY LOCAL REGISTRAR Jan. 21 - 1955 — REGISTRAR'S SIGNATURE Millie K. Terry

24. FUNERAL DIRECTOR — ADDRESS: Henry Janney & Son, Aberdeen Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00584

00576

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace — LENGTH OF STAY (in this place) 21 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 N. Union Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. — COUNTY Ocean
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Tuckerton
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Graham
(Type or Print)

4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single — 8. DATE OF BIRTH: Jan. 26, 1955 — 9. AGE last birthday: yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 21, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Smith — 14. MOTHER'S MAIDEN NAME: Helen Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Helen Graham - Tuckerton - R.D. No. 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5
IMMEDIATE CAUSE (A) Prematurity — 7 Day
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Pulmonary Atelectasis — 1 Day
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1955, to Jan 27, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 24 M, from the causes and on the date stated above.
SIGNATURE John Colbert M.D. ADDRESS Havre de Grace DATE SIGNED January 27, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-27-1955 — NAME OF CEMETERY OR CREMATORY Alms House Farm — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 27-1955 — REGISTRAR'S SIGNATURE G. L. Lewis M.D. — 24. FUNERAL DIRECTOR R. Madison Mitchell — ADDRESS Havre de Grace Md.

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RECEIVED
JAN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00593

00585

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. — LENGTH OF STAY (In this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D.
STREET ADDRESS (If rural, give location) Van Bibber

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	J.	Green	Jan.	3,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec. 15, 1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Contractor	Chester, Pa.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Greene	Rose Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Thomas J. Greene, Jr., Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Generalized arteriosclerosis	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hemiplegia	2 yrs
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-1, 1952 to 1-3, 1955, that I last saw the deceased alive on 1-2, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jos C Hodous	M.D.	Edgewood Md	1-4-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 5, 1955	St. Francis	Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 5, 1955	Norma B. Moore Dep. Reg.	Howard K. Mc Comas & Son	Abingdon, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00591 Iter 9 ..12w 155 1-17-55 et

00586 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 182

1. PLACE OF DEATH:
12 COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford 17
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (First) Arnold Ray (Middle) Haga (Last) (Type or Print) (H J 4 2)

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Aug. 30-1924	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lumber Maker
10b. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): Va (Sugar Grove)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert G Haga
14. MOTHER'S MAIDEN NAME: Nancy C Ison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-14-1402
17. INFORMANT & ADDRESS: Robert G Haga Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Pul Edema (Probable Carbon Monoxide Poisoning)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Poisoning due to Carbon Monoxide (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY [illegible] Store
21c. (City or town) Bel Air (County) Harford (State) Md.
21d. TIME OF INJURY (Month) Jan (Day) 2 (Year) 1955 (Hour) 6A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Defective heater in auto fed C O fumes into car.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 1/2/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jany 5-1955	Bel Air Memorial Gardens	Bel Air	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-55	Priscilla Lockwood	Joseph T Slater	Bel Air Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00587

00577

CERTIFICATE OF DEATH

Reg. Dist. No. 165

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 32 Delair
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3701 +
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) M- JOSEPHINE (Middle) (Last) HAHN

4. DATE OF DEATH: (Month) JAN. (Day) 29 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: JAN. 29-1881
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jacobs
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Wm R. Hilary 4407 Adolph Terrace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 432.1 (A) CEREBRAL HEMORRHAGE — 30da.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chr. Cardio-Vascular Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952, 19.., to Jan .., 1955, that I last saw the deceased alive on Jan 28 1955, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill Md DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sun. 1-30-55
NAME OF CEMETERY OR CREMATORY: Dawn Mount
LOCATION (City, town, or county) (State): Baltimore - Md

DATE REC'D BY LOCAL REGISTRAR 1-31-55
REGISTRAR'S SIGNATURE A W Hopkins
24. FUNERAL DIRECTOR: A. B. Wippert & Son
ADDRESS: 1300 Eutaw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00592 00588

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) and give nearest town) LENGTH OF STAY (in this place)
X TOWN Darlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) A (Last) Hamilton

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. ~~SINGLE~~ MARRIED, ~~WIDOWED~~ DIVORCED. (Specify) Divorced | 8. DATE OF BIRTH: July 2, 1908 | 9. AGE last birthday 46 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent Driver R.R. Express | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Harford Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. A. Hamilton | 14. MOTHER'S MAIDEN NAME: Hattie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-03-0604 | 17. INFORMANT & ADDRESS: Barbara Hamilton Darlington, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pulmonary Edema	Unimed
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Coronary Thrombosis DUE TO	1 hr
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1954, to 1/31, 1955, that I last saw the deceased alive on 1/31, 1955, and that death occurred at 1.4. M, from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Phillips Jr. M.D. | ADDRESS Darlington Md | DATE SIGNED 2/2/55

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial | DATE THEREOF Feb 2 1955 | NAME OF CEMETERY ~~OR CREMATORY~~ Harlington Cem. | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 7, 1955 | REGISTRAR'S SIGNATURE C. G. Kirk | 24. FUNERAL DIRECTOR H. S. Bailey | ADDRESS Darlington, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00589

00593 CERTIFICATE OF DEATH Reg. Dist. No 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Harford Conval. Home RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) J. (Last) HAYES
4. DATE OF DEATH: (Month) JANUARY (Day) 19 (Year) 19 55
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: Dec. 1, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ...ineer
10b. KIND OF BUSINESS OR INDUSTRY: Explosives
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Hayes (U.S. Govt.,)
14. MOTHER'S MAIDEN NAME: Betty Jordan
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-7182
17. INFORMANT & ADDRESS: Mrs. Ora M. Hayes, Magnolia, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Vascular Accident, Recurrent	1 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Metastatic Carcinoma, generalized	not determined
	(c) DUE TO Primary Site undetermined	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Biopsy cervical gland - Metastatic Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Jan 19, 1955, that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 6:45AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip W. Hausman MD		307 Hickory, Bel Air, Md	Jan 19, 1955 MD

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 21, 1955	Bel Air Memorial Gardens	Bel Air, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-21-55	Priscilla Fawood	Howard R. McComas & Son, Abingdon, Md.	

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00590

00594

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEL AIR (RURAL)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 HARFORD CONVALESANT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1008 W. 33rd STREET

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) LILLIAN (Last) HOUCK

4. DATE OF DEATH: (Month) JAN. (Day) 12, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: JUNE 16, 1859 (Alm.)

9. AGE last birthday: 95 (Appr.) yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE W. BAKER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4500 IMMEDIATE CAUSE (A) ANOREXIA

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DEBILITY DUE TO SENILITY

DUE TO

(C) AND ARTERIOSCLEROSIS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BLIND, DEAF

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from DEC, 1954 to JAN, 1955 that I last saw the deceased alive on JAN 11, 1955 and that death occurred at 4:00P M, from the causes and on the date stated above.

SIGNATURE Philip W. Heumann M.D. ADDRESS Bel Air, Md. DATE SIGNED 14 Jan 1955 Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF JAN. 15, 1955

NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY

LOCATION (City, town, or county) (State) HAMPDEN, BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 1-15-55

REGISTRAR'S SIGNATURE Priscilla Fowood

24. FUNERAL DIRECTOR John Baker's Sons ADDRESS Towson, Md.

U.S. A15—10-53

00578 **MARYLAND STATE DEPARTMENT OF HEALTH** 00592

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace; LENGTH OF STAY (in this place) 3 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville; STREET ADDRESS (If rural, give location) Box 263

3. NAME OF DECEASED (Type or Print): (First) Harry. (Middle) M. (Last) Jackson

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/9/1896

9. AGE last birthday: 58 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Rural Route

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry M. Jackson

14. MOTHER'S MAIDEN NAME: Laura Hanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-6068

17. INFORMANT AND ADDRESS: Martha Walker, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952 to Jan 2, 1955, that I last saw the deceased alive on Jan 2, 1955 and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: C. F. Benson (Degree or title) M.D. ADDRESS: Port Deposit, Md DATE SIGNED: Jan-3-1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-5-55 | NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery | LOCATION (City, town, or county) (State): Port Deposit, R.D. Md.

DATE REC'D BY LOCAL REG.: Jan 5 1955 | REGISTRAR'S SIGNATURE: G. L. Lewis M.D. | 24. FUNERAL DIRECTOR: Lee A. Patterson & Son | ADDRESS: Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1955
BUREAU V. S.

00579 MARYLAND STATE DEPARTMENT OF HEALTH 00593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) one hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md
STREET ADDRESS (If rural, give location) Morney Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cornell	James	Johnson	Jan	28	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	Single	6/7/54		7	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Johnson
14. MOTHER'S MAIDEN NAME: Ruth Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. James Johnson, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Viral Pneumonitis With Bacteremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Heart Disease (intra-

(c) ventricular septum defect)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 19.55, to 1/28, 19.55, that I last saw the deceased alive on 1/28, 19.55, and that death occurred at 3:26 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George T. Stansbury, M.D. Havre de Grace, Maryland 1/28/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 30 | NAME OF CEMETERY OR CREMATORY: Union Memorial Cem | LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REG.: Jan 31-1955 | REGISTRAR'S SIGNATURE: H. T. Lewis M.D. | 24. FUNERAL DIRECTOR: C. Ellis J. Bullock | ADDRESS: Havre de Grace

2064222403

RECEIVED
3 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00594

00595

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
X ~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Aneita (Middle) May (Last) Gourdan

4. DATE OF DEATH: (Month) Jan (Day) 5, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Dec 18 1906

9. AGE last birthday: 48 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Englar

14. MOTHER'S MAIDEN NAME: Susan Robbins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mr Luther Gourdan Street, Harford Co, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 196X Carcinoma of Spine DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Jan 5, 1955, that I last saw the deceased alive on Nov 27, 1954 and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Sullivan (Degree or title) M.D. ADDRESS Darlington Md DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 7 1955 NAME OF CEMETERY OR CREMATORY Rock Run Cem LOCATION (City, town, or county) Harford Co, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 6 1955 REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. S Bailey ADDRESS Darlington, Md.

VS. A15

BUNDAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00595

00596 **CERTIFICATE OF DEATH** Reg. Dist. No. 181

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Aberdeen Proving Grounds
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 2300 Pine St.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Keenan Jr
4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: May 1, 1933
9. AGE last birthday 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): soldier Pvt2
10B. KIND OF BUSINESS OR INDUSTRY: US Army- soldier
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? Urited States
13. FATHER'S NAME: Joseph E Keenan
14. MOTHER'S MAIDEN NAME: Unknown- deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Aug 3 1954
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Capt.L. Chilton - APG md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835X IMMEDIATE CAUSE (A) Cerebral [illegible]
ANTECEDENT CAUSE (B) DUE TO [illegible] automobile accident
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐ 12

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Aberdeen Proving Gds
21C. WHERE DID INJURY OCCUR? (City or town) APG (County) Harford (State) Md
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 28 55 4:30PM
21E. INJURY OCCURRED While at work X Not while at work ☐
21F. HOW DID INJURY OCCUR? Accidental, turn-over of truck- on duty

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] P.M., from the causes and on the date stated above.
SIGNATURE [illegible] M.D. ADDRESS A.P.G., Md. DATE SIGNED JAN 28 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 1/30/55
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) Darby (State) Pennsylvania
DATE REC'D BY LOCAL REGISTRAR Jan 30 - 55
REGISTRAR'S SIGNATURE Millie R. Terry
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00596

00597 CERTIFICATE OF DEATH Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Aberdeen
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. #2, Aberdeen

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Aberdeen
STREET ADDRESS (If rural give location) R. F. D. #2, Aberdeen

3. NAME OF DECEASED: (Type or Print) (First) Dallas (Middle) Colvin (Last) Kurtz

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: January 17, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Kurtz

14. MOTHER'S MAIDEN NAME: Viola Richardson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William A. Kurtz; RFD #2, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis, subacute — Interval Between Onset And Death: 6 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pneumonia, lobar — 8 weeks
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1954, to Jan. 2, 1955, that I last saw the deceased alive on Nov. 22, 1954 and that death occurred at 6.40 P. M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul S. Stonesifer Jr. M. D. ADDRESS 115 Fulford Ave., Bel Air, Md. DATE SIGNED Jan. 2, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jany 4/56 NAME OF CEMETERY OR CREMATORY Huntingdon Cemetery LOCATION (City, town, or county) (State) Huntingdon Pa

DATE REC'D BY LOCAL REGISTRAR Jan. 4-1955 REGISTRAR'S SIGNATURE Nellie L. Perry

24. FUNERAL DIRECTOR Jos J Foster ADDRESS Bel Air Md

VS. A15

JAN
BUREAU V. S.

00597

MARYLAND 00598

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Hartford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Madonna; MARYLAND LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madonna X; STREET ADDRESS (If rural, give location) White Hall 1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Lachmann

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10-5-1874

9. AGE last birthday: 80 yrs. If under 1 year: Months 3, Days 13, Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Fire Dept.

11. BIRTHPLACE (State or foreign country): Baltimore md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Lachmann

14. MOTHER'S MAIDEN NAME: Caroline Beiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-12-6218

17. INFORMANT AND ADDRESS: Mr George Lachmann White Hall md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular-renal disease 4424

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1955, to Jan 20, 1955, that I last saw the deceased alive on Jan 4, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. J. Francis M.D. Parkton, Md 1/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan 24-55

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Balto city

DATE REC'D BY LOCAL REG.: 1-22-55

REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Martin E Kurtz Jarrettsville Md ADDRESS

MARGIN RESERVED FOR BINDING

00598

00599

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kingsville 03X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Franklin (Last) Lamar

4. DATE OF DEATH (Month) January (Day) 20 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 8-18-90

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Mach. Op.

10b. KIND OF BUSINESS OR INDUSTRY: Clem Canning

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard

14. MOTHER'S MAIDEN NAME: Mary Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-4133

17. INFORMANT & ADDRESS: Family - Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

420.1 Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) .....

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): B.

DATE THEREOF 1-25-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. 1-24-53 REGISTRAR'S SIGNATURE A.D. Hedgitt

24. FUNERAL DIRECTOR Jas. T. McCurley ADDRESS 130 E. Ford Ave Dundalk

VS. A15A - 5 - 53

0650 00599

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
12 COUNTY Harford MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Highway Rt* 1.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frenchtown
STREET ADDRESS (If rural, give location) 13-7th Street.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) W. (Last) Nagy Jr.

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 20-1950

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander W. Nagy Sr.

14. MOTHER'S MAIDEN NAME: Laura Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Joseph Nagy Jr. P.O. Box 147. Frenchtown N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Street (County) Harford (State) Md.

21d. TIME OF INJURY (Month) 1 (Day) 3/55 (Year) (Hour) 3:42 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident, auto auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lewis C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 1/5/55

NAME OF CEMETERY OR CREMATORY Frenchtown Union

LOCATION (City, town, or county) Frenchtown (State) N.J.

DATE REC'D BY LOCAL REG. Jan. 5-55

REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John F. Darrin **ADDRESS** Aberdeen Md.

00691

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00600 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
12 COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt # 1 us Highway.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN French Town.
STREET ADDRESS (If rural, give location) 13-7th Street.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) W. (Last) Nagy Sr.

4. DATE OF DEATH (Month) January (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/18/1924

9. AGE Last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: Sgt. 1st class army.

11. BIRTHPLACE (State or foreign country): Pennsylvania.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Nagy

14. MOTHER'S MAIDEN NAME: Julia Rigacz

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) Present

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Joseph Nagy Jr. P.O. Box 147. French Town N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Fracture skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) Fracture

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture L. humerus —

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway 1

21c. (City or town) Street. (County) Harford (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1/3/55 3.42 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Auto accident auto-auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 1/5/55

NAME OF CEMETERY OR CREMATORY Frenchtown Union

LOCATION (City, town, or county) Frenchtown (State) N.J.

DATE REC'D BY LOCAL REG. Jan. 5-55

REGISTRAR'S SIGNATURE Nellie K. Perry

24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00601

00602

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington; STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) L. (Middle) Marshall (Last) Page

4. DATE OF DEATH: (Month) Jan. (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1885

9. AGE Last Birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Never retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Presbyterian Church

11. BIRTHPLACE (State or foreign country): Logan Co., Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Page

14. MOTHER'S MAIDEN NAME: Allie Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs. L. Marshall Page Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Myocardial Infarction	Terminal
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary Occlusion	Terminal
	(c) DUE TO Coronary Arteriosclerosis	5 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~ SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-1952 to 1-7-1955, that I last saw the deceased alive on 12-28-54, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE Peter P. Patterson (Degree or title) Pastor ADDRESS Darlington, Md. DATE SIGNED 1-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Jan. 9, 1955; NAME OF CEMETERY OR CREMATORY Harmony Cem.; LOCATION (City, town, or county) Harford Co.; (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 9, 1955; REGISTRAR'S SIGNATURE C. K. Kirk

24. FUNERAL DIRECTOR H. S. Bailey; ADDRESS Darlington, Md.

00602

00603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Harford County Alms House
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural Bel Air
LENGTH OF STAY (in this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford County Alms House R. D. #3 Bel Air, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bel Air
STREET ADDRESS (If rural give location): R. D. #3

3. NAME OF DECEASED (Type or Print): (First) Dave (Middle) (Last) Preston

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 24, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Employed

11. BIRTHPLACE (State or foreign country): Darlington

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Sylvester Preston

14. MOTHER'S MAIDEN NAME: Elizabeth Forman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: V.

17. INFORMANT & ADDRESS: Clark Fitzpatrick R. D. #3 Bel Air, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral Thrombosis,	10 days
ANTECEDENT CAUSE (B)	DUE TO (B) Chr. Cardio-vascular disease	10 Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1939 to Jan , 1955 that I last saw the deceased alive on Jan. 3, , 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson M. D. ADDRESS: Forest Hill, Md. DATE SIGNED: 1/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: Jan 5/5-6 NAME OF CEMETERY OR CREMATORY: Co Home LOCATION (City, town, or county) (State): Bel Air Rural Harford Md

DATE REC'D BY LOCAL REGISTRAR: 1-5-56 REGISTRAR'S SIGNATURE: Priscilla Lonwood

24. FUNERAL DIRECTOR: Joseph T Foster ADDRESS: Bel Air Md

00603

00604

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural—Benson
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Benson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) (Last) QUICKLEY

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 2, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Balt. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ISAAC QUICKLEY

14. MOTHER'S MAIDEN NAME: Mary Eliza Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-8350a

17. INFORMANT'S ADDRESS Mary Holly, Box Hill, Edgewood, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chr. CARDIO-VASCULAR DISEASE, 10 yrs

DUE TO (C) (DECOMPENSATED)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BRONCIAL ASTHMA; EMPHYSEMA

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Jan 4, 1955, that I last saw the deceased alive on Dec. 29, 1954, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. ADDRESS Forest Hill Md DATE SIGNED 1/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan 8, 1955

NAME OF CEMETERY OR CREMATORY: Tabernacle Cem.

LOCATION (City, town, or county) (State): Benson Md Hd Co

DATE REC'D BY LOCAL REGISTRAR: 1-6-55

REGISTRAR'S SIGNATURE: Priscilla Fonwood

24. FUNERAL DIRECTOR: W F Archer

ADDRESS: Benson Md

Funeral director's copy was originally filed instead of this certificate - Film 0175 - mnb - 1/14/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00604

CERTIFICATE OF DEATH

00605

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Forest Hill (Rural)
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS DO

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Rural
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) ROBERT (Middle) Milton (Last) ROSS
4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: UNKNOWN
9. AGE last birthday: 75 years
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kirk Ross
14. MOTHER'S MAIDEN NAME: Annie Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) A
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT & ADDRESS: Mrs John Robinson Forest Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — Sudden

ANTECEDENT CAUSE (B) DUE TO Chr CARDIO-VASCULAR DISEASE (DECOMPENSATED) — 4 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bilateral Blindness - Cataracts

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19.54, to Jan 26, 19.55, that I last saw the deceased alive on Jan 24, 1955; and that death occurred at 4:30 P M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill, Md DATE SIGNED 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 28 55
NAME OF CEMETERY OR CREMATORY Center Methodist
LOCATION (City, town, or county) (State) Forest Hill Md

DATE REC'D BY LOCAL REGISTRAR 1-27-55
REGISTRAR'S SIGNATURE Priscilla Foxwood
24. FUNERAL DIRECTOR Joseph T Fortin Belair Md ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
JAN 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00605

00606 CERTIFICATE OF DEATH Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
12 COUNTY Harford MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Rocks
LENGTH OF STAY (in this place) life+ime
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Harford COUNTY 12
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
STREET ADDRESS (If rural give location) 1 Rocks, Md.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lowry (Last) Sanford
4. DATE OF DEATH: (Month) January (Day) 6 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Dec. 1, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Southern RR.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Capt. Edward H. Sanford
14. MOTHER'S MAIDEN NAME: Mary E. McNabb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 7 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Florentine B. Sanford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchiectasis, bilateral — Interval Between Onset And Death: 2 or 3 yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Anemia, secondary; Cirrhosis, Laennec's

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1954, to January 6, 19 55, that I last saw the deceased alive on Jan. 6, 19 55, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

SIGNATURE Paul H. Stonesifer, Jr. (Degree or title) M. D. ADDRESS 115 Fulford Ave., Bel Air, Md. DATE SIGNED Jan. 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 8, 1955 NAME OF CEMETERY OR CREMATORY London Park Cemetery LOCATION (City, town, or county) Baltimore, (State) Md.

DATE RECD BY LOCAL REGISTRAR 1-7-55 REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR John O. Mitchell and Son ADDRESS 1900 Eutaw Place Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00606

CERTIFICATE OF DEATH

Reg. Dist. No. 155

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Havre de Grace — LENGTH OF STAY (in this place): about 40 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 839 Erie Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace

STREET ADDRESS (If rural give location): 839 Erie Street

3. NAME OF DECEASED: (Type or Print) (First) Essie (Middle) (Last) Simmons

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-14-1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Saluda, S. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Brooks

14. MOTHER'S MAIDEN NAME: Helen Lott

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. John Simmons - 839 Erie Street Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 170X (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Carcinoma of the breast

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic heart disease

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1954, to 1/22, 1955, that I last saw the deceased alive on 1/21, 1955, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): George T. Stansbury, M.D. — ADDRESS: Havre de Grace, Md. — DATE SIGNED: Jan. 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-26-55 — NAME OF CEMETERY OR CREMATORY: St. James Cemetery — LOCATION (City, Town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 25-1955 — REGISTRAR'S SIGNATURE: [illegible] M D

24. FUNERAL DIRECTOR: Otelia J. Bullock — ADDRESS: Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00581 **CERTIFICATE OF DEATH** Reg. Dist. No. 00607 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) 1 Month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 648 Plater Street.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen 31
STREET ADDRESS (If rural give location) 648 Plater Street. 1

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) — (Last) Steedman

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 20 - 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Moorby

14. MOTHER'S MAIDEN NAME: Alice Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 519-10-5666

17. INFORMANT & ADDRESS: Donald La Broad Aberdeen Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Multiple Small Strokelets — 3½ mos.

DUE TO (C) Generalized Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1954, to 1/31, 1955, that I last saw the deceased alive on 1/31, 1955, and that death occurred at 1:45 P. M, from the causes and on the date stated above.

SIGNATURE Frederick J Hatem M. D. ADDRESS Aberdeen Md DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF Feb 1-1955

NAME OF CEMETERY OR CREMATORY Riverside Cemetery

LOCATION (City, town, or county) (State) Rochester, New York

DATE REC'D BY LOCAL REGISTRAR Feb. 1-1955

REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John G. Darrin ADDRESS Aberdeen Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 7 1955
BUREAU V. S.

00582

00608

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1[illegible]

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Doris (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/14/1875

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Margaret M. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Postmaster Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1955 to 1-19, 1955, that I last saw the deceased alive on 1-19, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis MD ADDRESS Havre de Grace Md DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/22/55

NAME OF CEMETERY OR CREMATORY: Dublin Southern

LOCATION (City, town, or county) (State): Dublin Harford Md.

DATE REC'D BY LOCAL REG.: Jan 19 1955

REGISTRAR'S SIGNATURE: C. L. Lewis, M. D.

24. FUNERAL DIRECTOR ADDRESS: H. S. Bailey

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00609

Reg. Dist. No. 135

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fair-de-Grace
LENGTH OF STAY (in this place) 1 hr 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 20 Kelton Court

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Winfield (Last) Turner

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 6-23-1939

9. AGE last birthday: 15 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Canty W. Turner

14. MOTHER'S MAIDEN NAME: Mildred Abrahams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Canty W. Turner same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.91X

Immediate cause (a) Myocardial Infarction — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Shock, prolonged; pericardial tamponade — 12 hr.

(c) Bronchopneumonia, bilateral — 18 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-, 1955, to 1-19-, 1955, that I last saw the deceased alive on 1-19-55, 19..., and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE: Wm V. Workman (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 23, 1955 — NAME OF CEMETERY OR CREMATORY: Riverview Cem. — LOCATION (City, town, or county): Richmond (State): Va.

DATE REC'D BY LOCAL REG.: Jan 20-1955 — REGISTRAR'S SIGNATURE: J. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospt. A.P.G. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland (Idaho) COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen (See circle 1, 51)
STREET ADDRESS (If rural, give location) 106 N. Garden Drive.

3. NAME OF DECEASED: (Type or Print) (First) Sue (Middle) LaVaun (Last) Turner

4. DATE OF DEATH (Month) January (Day) 10 (Year) 19 55

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Nov. 9-1954 | 9. AGE Last birthday: yrs. | IF UNDER 1 YEAR: Months 2 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant | 10b. KIND OF BUSINESS OR INDUSTRY: Infant | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin O. Turner | 14. MOTHER'S MAIDEN NAME: Maxine Baird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Calvin O. Turner 106 N. Garden Drive Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Viral pneumonia — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C Palmer M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan 11-1955 | NAME OF CEMETERY OR CREMATORY Post Cemetery | LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REG. Jan 11-55 | REGISTRAR'S SIGNATURE Millie R. Perry | 24. FUNERAL DIRECTOR ADDRESS John G. Farring Aberdeen Md.

20X4242242

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 1
BUREAU V. S.

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00668

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS D[illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) (Middle) UNKNOWN BABY (Last)

4. DATE OF DEATH (Month) Jan. (Day) 5, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5 ?

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 7 2 6 . 8 DUE TO Immaturity and neglect of newborn

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY [illegible]

21c. (City or town) (County) Harford (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY unknown M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Abandonment of newborn.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE R. H. Fricker M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Jan. 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-14-55

NAME OF CEMETERY OR CREMATORY Monyer

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Feb. 16, 1955

REGISTRAR'S SIGNATURE A. H. Hedrick

24. FUNERAL DIRECTOR ADDRESS

9V1599V99V

VS. A15A - 5 - 53

00611

MARYLAND 00609

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Taylor — LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor X
STREET ADDRESS (If rural, give location) Monkton - R.D. 1

3. NAME OF DECEASED (Type or Print): (First) Wm — (Middle) Hammond — (Last) Walker

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 10, 1884 — 9. AGE Last Birthday: 70 yrs. — If under 1 year: Months. 7 Days 10 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Town, County Roads

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Abram Walker

14. MOTHER'S MAIDEN NAME: Mary Ellen Brookhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Walton Scaff Monkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4438 Immediate cause (a) Cardiovascular Accident (Cerebrovascular) — 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 Jan., 19 55, to 20 Jan., 19 55, that I last saw the deceased alive on 19 Jan., 19 55, and that death occurred at 345 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Horace A.S. Mowbray Jr. MD — Cockeysville, Md. — 20 Jan 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 22. 55 — NAME OF CEMETERY OR CREMATORY: Friendship — LOCATION (City, town, or county): Fallston — (State): Md

DATE REC'D BY LOCAL REG. 1-21-55 — REGISTRAR'S SIGNATURE: Pwella Fawood

24. FUNERAL DIRECTOR — ADDRESS: Martin F. Kurtz Jarrettsville Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00612

CERTIFICATE OF DEATH

00610

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Joppa
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Joppa
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) ALLEN (Last) WHITE

4. DATE OF DEATH: (Month) JANUARY (Day) 7 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 31, 1912

9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur May Allen

14. MOTHER'S MAIDEN NAME: Martha Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Packard White; Joppa, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
581.0 Immediate cause	(a) Pulmonary edema	½ hour ?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cirrhosis of the Liver	8 or 9 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1953, to Jan. 7, 1955, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul S. Strevig Jr. M.D. 115 Fulford Ave, Bel Air, Md. Jan. 8, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jany 11/54 — NAME OF CEMETERY OR CREMATORY Lakeview — LOCATION (City, town, or county) (State) Cleveland, Ohio

DATE REC'D BY LOCAL REGISTRAR 1-9-56 — REGISTRAR'S SIGNATURE Priscilla Attwood — 24. FUNERAL DIRECTOR Joseph Testa — ADDRESS Bel Air Md

VS. A15

RECEIVED
JAN 11 1955
BUREAU V. S.

00511 00613

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X nr Jarrettsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rocks R. D. X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Frances (Last) Wimmer

4. DATE OF DEATH (Month) January (Day) 28 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W	M	Dec. 20, 1915	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rocks, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Oscar Moore
14. MOTHER'S MAIDEN NAME: Georgie Annie Magnese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) N
16. SOCIAL SECURITY NO.: 214-20-2234
17. INFORMANT & ADDRESS: C. Page Wimmer, Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture cervicle vertebra — DUE TO — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO (c) ...

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Route 165
21c. (City or town) Jarrettsville (County) Harford (State) Md.
21d. TIME (Month) (Day) (Year) OF INJURY 1/28/55 (Hour) 8:50 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident, auto - auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lendel C Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 31, 1955	Bethel	Madonna, Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-29-55	Priscilla Forwood	Martin D. Kurtz	Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
FEB 2 1955
BUREAU V. I